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			MAY 26 ZUUB JOE		Evangelista V EVANSEL	(Depositor's name)	
FC:2501 700.00 FC:1504 300.00 FC:8001 6.00	(Agg	2	May 2	4, 2006 ()	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO	D. CONFIRMATION NO.	
10/816,197	03/31/2004		Charles S. Desilets		021356-000320US	7506	
TITLE OF INVENTION: VORTEX TRANSDUCER							
APPLN. TYPE SMALL ENTITY ISSUE		ISSUE FI	FEE PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	05/30/2006	
EXAMINER		ART UN	IT CL	ASS-SUBCLASS	¬ · · · · · · · · · · · · · · · · · · ·	,	
JUNG, WILLIAM C		.3737		601-002000			
1. Change of correspondence CFR 1.363).	address or indication of "Fe	ee Address" (37					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2)							
Address form P10/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-02 o Number is required.	2 registered patent	2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNE				RESIDENCE: (CITY and STATE OR COUNTRY)			
LipoSonix,	Bothell, Washington 98011						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🚨 Corporation or other private group entity							
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☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) [enclose an extra copy of this form).							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	XII			Date	May 24, 200	06	
Typed or printed name	James M. He	eslin		Registration	No. 29,541		
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